

RALEIGH COUNTY SCHOOLS
DISCIPLINARY REFERRAL FORM (DRF)

Name: Student ID# Grade Date:

Age: Sex: M F Race: Phone Number(s):

Time: School: Exceptional Student: Yes No

If yes, refer to Policy 2419 Student Discipline Section

Describe the inappropriate behavior(s):

Signature of person filing referral Position

TO BE COMPLETED BY STUDENT

Have you been informed of the charge(s) against you? Yes No

Have you been given the opportunity to tell your version? Yes No

Student Statement:

Student Signature Date

DATES OF PRIOR ACTION(S) TAKEN BY TEACHER, BUS DRIVER, OTHER

Conference with student Phone Call to parent/guardian Referral to Counselor

Conference with parent/guardian Conference with administrator Other:

ACTION(S) TAKEN BY ADMINISTRATOR Level 1 2 3 4 Prior Number of Inappropriate Behavior(s):

Inappropriate Behavior:

Primary Action: Secondary Action:

Conference with student (Date) Conference with student/guardian (Date) Referral to Counselor (Date)

Saturday Detention (Date(s)) After School Detention (Date(s)) In-School Suspension (Date)

Suspension from School (days) Begin (Date) Return (Date)

Conference at County Level (Date) Time with

Days of accumulated suspension from school Expulsion Recommendation

Administrative Signature Parent Signature

Exceptional students will be referred to the IEP Team for review after accumulating 10 days suspension per year.

A suspended student is excluded from all Raleigh County School activities and property.